



**Department of Health and Human Services
Office of Adult Mental Health Services
Service Review Tool – Version 2**

1. DEMOGRAPHICS

Underage Children Living With This Parent?

- ☐ 1 Child
☐ 2 Children
☐ 3 or More
☐ None

Marital Status

- ☐ Divorced
☐ Married/Domestic Partner
☐ Separated
☐ Single
☐ Widow/Widower

Educational Status:

- ☐ Associates Degree
☐ Certificate Program
☐ College Degree
☐ GED
☐ High School Diploma

- ☐ Class Member ☐ Yes ☐ No

- LOCUS Composite Score (7-35): ____
- Date of LOCUS: ____/____/____
- Level of Care: 1-6 ____ (indicate if in ICM, ICI, ACT, etc.)

DSM IV Dx (all V Axes)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

II. RISK OF HARM

1. Suicidal:

- ☐ Attempts
- ☐ Has Hx
- ☐ Ideation
- ☐ Interest
- ☐ Means
- ☐ Not Present
- ☐ Plans

2. Homicidal:

- ☐ Attempts
- ☐ Has Hx
- ☐ Ideation
- ☐ Interest
- ☐ Means
- ☐ Not Present
- ☐ Plan

3. Hallucinations:

- ☐ Auditory
- ☐ Unknown at this time
- ☐ Not Present
- ☐ Tactile
- ☐ Visual
- ☐ Olfactory
- ☐ Other

4. Psychosis:

- ☐ Delusional
- ☐ Has Hx
- ☐ Unknown at this time
- ☐ Not Present
- ☐ Other
- ☐ Paranoid

5. Community Risk:

- ☐ Assaultive
- ☐ Criminal Behavior
- ☐ Fire Setting
- ☐ Has Hx
- ☐ History of Arrest, Jail
- ☐ Not Criminally Responsible; Title 15
- ☐ Not Present
- ☐ Order of Protection against Consumer
- ☐ Other_____
- ☐ Repeated Disturbances in Community
- ☐ Sexual Predatory Behavior
- ☐ Threat to Others

III. FUNCTIONAL STATUS

6. Symptoms:

- ☐ Aggression
- ☐ Anxiety
- ☐ Appetite Change
- ☐ Depression
- ☐ Energy Level Change
- ☐ Impulsive
- ☐ Isolation
- ☐ Mania or Hypomania
- ☐ Other _____
- ☐ Poor Judgment
- ☐ Sleep Difficulties
- ☐ Thoughts Disordered
- ☐ Hypervigilance
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Intrusive Thoughts

7. How well does the Consumer Function Within Interpersonal Relationships?

- ☐ Excellent (Occasional Disputes, Resolved Quickly, Seeks Out Other People, Adequate Social Skills)
- ☐ Good
- ☐ Fair
- ☐ Poor (Severely Argumentative/Provocative, Alienates Potential Friends, Can't Manage Roommates, Avoids Other People, Very Poor Social Skills)

8. Does the Consumer's Appearance/Hygiene/Dress Fall Below Community Standards?

- ☐ All of the Time
- ☐ Most of the time
- ☐ None of the Time
- ☐ Some of the Time

9. Consumer's Degree of Competence in Role/Responsibilities (Job/School/Parenting, Daily Life Functioning)?

- ☐ All of the Time
- ☐ Has guardian, conservator
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

10. How Does The Consumer Manage Finances?

- ☐ Manages Finances on Own All of the Time
- ☐ Manages Finances With Assistance
- ☐ Manages Finances Most of the Time
- ☐ Manages Finances Some of the Time
- ☐ Unable to Manage Finances Some of the Time
- ☐ Unable to Manage Finances Most of the Time
- ☐ Has Conservator/Representative Payee
- ☐ Other _____

11. Is The Consumer Employed? ☐ Yes ☐ No

12. If the Consumer is Employed:

- ☐ At a Sheltered Workshop
- ☐ Competitive, Full-time With Job Coach
- ☐ Competitive, Full-time Without Job Coach
- ☐ Competitive, Part-time With Job Coach
- ☐ Competitive, Part-time Without Job Coach
- ☐ Managed Work Site, Part-time With Job Coach (working at business site in segregated setting, i.e., with other employees with disabilities)
- ☐ Managed Work Site, Full-time With Job Coach
- ☐ Working, Other

13. If consumer is not employed:

- ☐ Attending school
- ☐ Homemaker/parenting
- ☐ Not interested in employment
- ☐ Retired
- ☐ Volunteer Work
- ☐ Vocational Training Program
- ☐ Unable to work due to MH issues
- ☐ Unable to work due to physical issues

14. Has the Consumer Been Referred to a Vocational Program?

- ☐ Yes
- ☐ No
- ☐ On wait list
- ☐ Refused

IV. CO-MORBIDITY

15. What are the Consumer's Current Major Medical/Health Issues?

- ☐ Arthritis
- ☐ Cancer
- ☐ Cardiovascular Disease
- ☐ Cholesterol Issues
- ☐ Chronic Pulmonary Disease
- ☐ Dementia
- ☐ Dental Needs
- ☐ Diabetes
- ☐ Gastrointestinal Problems
- ☐ Head/Brain Injury/
- ☐ Hypertension
- ☐ Other _____
- ☐ None
- ☐ Seizure Disorder
- ☐ Chronic Pain
- ☐ Fibromyalgia
- ☐ Chronic Fatigue Syndrome
- ☐ Obesity
- ☐ Smoking
- ☐ Eating Disorder

16. If the Consumer is Smoking, What is Your Involvement?

- ☐ Encourage, Advise to Decrease or Quit Smoking.
- ☐ Other
- ☐ Refer Consumer for Nicotine Replacement Therapy.
- ☐ Refer Consumer to Smoking Cessation Activities in the Community.
- ☐ Refer Consumer to Smoking Cessation Group in Agency.
- ☐ Specifically Discuss and Support Smoking Reduction Strategies during Appointments,
- ☐ None

17. Consumer's Regular Source of Medical Care:

- ☐ Don't Know
- ☐ Emergency Room
- ☐ Primary Care Physician
- ☐ None
- ☐ Other _____

18. Coordination Between your Agency and the Consumer's PCP:

- ☐ CM/Resident Attendant Accompanies Consumer to Medical Appointments
- ☐ Consumer Could Benefit from Assistance with Healthcare Needs but Refuses
- ☐ Consumer is Able to Effectively Manage His/Her Own Coordination of Health Care
- ☐ Consumer Refused Permission for Any Contact/Involvement
- ☐ Discuss Health Care Issues with Consumer as Needed
- ☐ Family/Natural Support System Coordinate/Assists with Healthcare Needs
- ☐ Other _____
- ☐ None
- ☐ Phone Contact with Medical Practice

19. Does the Consumer have a History of Substance Abuse or Dependence Issues?

- ☐ Yes
- ☐ Don't Know
- ☐ No

20. If yes, please check all that apply:

- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana
- ☐ Opiates/Pain Killers (Heroin, Methadone, Oxycontin, Oxycodone, Hydrocodone, etc.)
- ☐ Ecstasy

- ☐ Ritalin/Stratera
- ☐ Other _____
- ☐ Other Street Drugs
- ☐ Sedative/Hypnotics

21. Does the Consumer have a Current Substance Abuse or Dependence Issues?

- ☐ Yes
- ☐ Don't Know
- ☐ No

22. If yes, please check all that apply:

- ☐ Alcohol
- ☐ Cocaine/Crack
- ☐ Marijuana
- ☐ Opiates/Pain Killers (Heroin, Methadone, Oxycontin, Oxycodone, Hydrocodone, etc.)
- ☐ Ecstasy
- ☐ Ritalin/Stratera
- ☐ Other _____
- ☐ Other Street Drugs
- ☐ Sedative/Hypnotics

23. Has a Referral Been Made?

- ☐ Consumer Refused
- ☐ No
- ☐ Yes

24. If Yes, Where?

- ☐ AA/NA/Other Self-Help Group
- ☐ Inpatient Detox
- ☐ Intensive Outpatient Treatment (IOP)
- ☐ Partial Hospitalization Program (PHP)
- ☐ Residential Program
- ☐ Other _____
- ☐ Substance Abuse Counseling (Individual/Group)
- ☐ On Wait List

25. Is the Consumer Engaged/Involved in a Recovery Program?

- ☐ Other _____
- ☐ AA/NA/Other Self-help group
- ☐ Outpatient Individual Therapy
- ☐ Outpatient Group Therapy

26. Barriers to the Consumer's Involvement in SA Programming:

- ☐ Distance to Programming
- ☐ Local Programs are Full
- ☐ Other
- ☐ Appropriate Program does not exist in Consumer's Community
- ☐ Transportation
- ☐ Denies substance abuse as a problem
- ☐ Refuses Treatment
- ☐ Variable Attendance at Substance Abuse Program
- ☐ None

V. LEVEL OF STRESS & SUPPORT

- 27. Consumer's Living Situation**
- ☐ Does Not Like Living Situation
 - ☐ Evicted/Threat of Eviction
 - ☐ Has Destroyed Property
 - ☐ Homeless Any Time in last year
 - ☐ Housing Distant from Health, Psychiatric and Community Resources
 - ☐ Housing is Substandard/Unsafe
 - ☐ Interpersonal Difficulties with Other Residents/Tenants
 - ☐ Likes Living Situation
 - ☐ Moved 1 to 2 Times in last year
 - ☐ Moved 3+ Times in last year
 - ☐ No Appropriate/Affordable Housing Units Available in Community
 - ☐ Other _____
 - ☐ Stable Housing Situation
 - ☐ On Wait List for Housing

- 28. Consumer's Housing:**
- ☐ Assisted Living Facility
 - ☐ Boarding/Rooming House
 - ☐ Congregate Housing
 - ☐ Group Home
 - ☐ Lives Alone
 - ☐ Lives Alone with In Home Supports
 - ☐ Lives with Family or Friends
 - ☐ Nursing Home
 - ☐ Other: _____
 - ☐ Residential Treatment Facility
 - ☐ Shelter
 - ☐ SRO (Single Room Occupancy Unit)
 - ☐ Supported Housing

- 29. Is the consumer experiencing other life stressors?**
- ☐ Financial
 - ☐ DHHS Involvement
 - ☐ Significant change in overall health
 - ☐ Significant Losses
 - ☐ Legal Involvement

- 30. Does the Consumer have a Reported History of Trauma?**
- ☐ Accident with Severe Physical Injury
 - ☐ Active Duty Combat
 - ☐ Criminal Victimization
 - ☐ Disaster (Fire/Flood/Tsunami/Earthquake)
 - ☐ Domestic Violence
 - ☐ Emotional Abuse
 - ☐ None
 - ☐ Other _____
 - ☐ Physical Abuse
 - ☐ Sexual Abuse
 - ☐ Terrorism
 - ☐ Witness to assault/trauma
 - ☐ Victim of assault
 - ☐ Unknown
 - ☐ Consumer chooses not to discuss

31. What Kind of Natural Support Network Does the Consumer Have?

- ☐ At Least One Friend
- ☐ Church/Spiritual Group
- ☐ Clubhouses/Social Club
- ☐ Family Supports
- ☐ Friends/Family Not Supportive to Treatment/Recovery
- ☐ Other _____
- ☐ None
- ☐ Peer Support Worker
- ☐ Self-Help Group

32. Does the Consumer Participate in Community Activities?

- ☐ Art/Craft/Music Activities
- ☐ Church
- ☐ Nature/Outdoor Group
- ☐ None
- ☐ Other _____
- ☐ Recreational Activities/Sports
- ☐ Special Interest Group/Political Group

VI. TREATMENT RECOVERY AND HISTORY

33. Consumer's Number of Crisis Requiring Intervention in the Past Year?

- ☐ 1 ☐ 3 or More
☐ 2 ☐ None

34. Crisis #1 - Please Indicate the Nature of the Crisis:

- ☐ Death/Loss
☐ Deterioration of Self-Care
☐ Drug/Alcohol Relapse from Period of Sobriety
☐ Financial
☐ Housing/Homelessness
☐ Mental Health/Deterioration
☐ Other _____
☐ Physical Health/Deterioration
☐ Suicidal
☐ Homicidal
☐ Trauma

35. How was the Consumer Assessed? (Indicate all the apply)

- ☐ Call/Involve Crisis Team
☐ Call/Involve Police
☐ Call/Involve Psychiatrist/Therapist
☐ Consumer Brought to ER
☐ Face to Face in CSW/Professional Office
☐ Face to Face in Home or Community Location
☐ Face to Face in Jail
☐ No, Consumer Managed it Alone or with Natural Supports
☐ None
☐ Other _____
☐ Peer Counselor
☐ Telephone Only

36. What Was the Resolution?

- ☐ Additional Staff Added While Consumer Stayed in Residence
☐ Additional In Home Supports
☐ Current Providers Increased Support to Consumer During Crisis
☐ Crisis Stabilization
☐ Check-in Calls by Crisis Team
☐ Jail
☐ Inpatient Hospitalization
☐ Natural Supports to Stay with Consumer
☐ None
☐ Other _____
☐ Stayed in Emergency Room Until Crisis Passed/Discharged

37. Crisis #2 - Please Indicate the Nature of the Crisis:

- ☐ Death/Loss
☐ Deterioration of Self-Care
☐ Drug/Alcohol Relapse from Period of Sobriety
☐ Financial
☐ Housing/Homelessness
☐ Mental Health/Deterioration
☐ Other _____
☐ Physical Health/Deterioration
☐ Suicidal
☐ Homicidal
☐ Trauma

38. How was the Consumer Assessed? (Indicate all the apply)

- ☐ Call/Involve Crisis Team
- ☐ Call/Involve Police
- ☐ Call/Involve Psychiatrist/Therapist
- ☐ Consumer Brought to ER
- ☐ Face to Face in CSW/Professional Office
- ☐ Face to Face in Home or Community Location
- ☐ Face to Face in Jail
- ☐ No, Consumer managed it alone or with Natural Supports
- ☐ None
- ☐ Other _____
- ☐ Peer Counselor
- ☐ Telephone Only

39. What Was the Resolution? (Indicate all that apply)

- ☐ Additional Staff Added While Consumer Stayed in Residence
- ☐ Additional In Home Supports
- ☐ Current Providers Increased Support to Consumer During Crisis
- ☐ Crisis Stabilization
- ☐ Check-in Calls by Crisis Team
- ☐ Jail
- ☐ Inpatient Hospitalization
- ☐ Natural Supports to Stay with Consumer
- ☐ None
- ☐ Other _____
- ☐ Stayed in Emergency Room Until Crisis Passed/Discharged

40. Crises #3 - Please indicate the Nature of the Crisis:

- ☐ Death/Loss
- ☐ Deterioration of Self-Care
- ☐ Drug/Alcohol Relapse from Period of Sobriety
- ☐ Financial
- ☐ Housing/Homelessness
- ☐ Mental Health/Deterioration
- ☐ Other _____
- ☐ Physical Health/Deterioration
- ☐ Suicidal
- ☐ Homicidal
- ☐ Trauma

41. How was the Consumer Assessed? (Indicate all the apply)

- ☐ Call/Involve Crisis Team
- ☐ Call/Involve Police
- ☐ Call/Involve Psychiatrist/Therapist
- ☐ Consumer Brought to ER
- ☐ Face to Face in CSW/Professional Office
- ☐ Face to Face in Home or Community Location
- ☐ Face to Face in Jail
- ☐ No, Consumer Managed it Alone or with Natural Supports
- ☐ None
- ☐ Other _____
- ☐ Peer Counselor
- ☐ Telephone Only

42. What Was the Resolution?

- ☐ Additional Staff Added While Consumer Stayed in Residence
- ☐ Additional In Home Supports
- ☐ Current Providers Increased Support to Consumer During Crisis
- ☐ Crisis Stabilization
- ☐ Check-in Calls by Crisis Team
- ☐ Jail
- ☐ Inpatient Hospitalization
- ☐ Natural Supports to Stay with Consumer
- ☐ None
- ☐ Other _____
- ☐ Stayed in Emergency Room Until Crisis Passed/Discharged

43. Consumer's Crisis Plan:

- ☐ Advanced Stage of Crisis Symptoms Identified
- ☐ Consumer Refused
- ☐ Contingency Plan for Children/Pets
- ☐ Early Warning Signs/Symptoms Identified
- ☐ Family, Friends, Peers are Identified to be Involved/Not Involved
- ☐ Has Not Been Offered a Crisis Plan
- ☐ History of Suicide/Homicide Attempts
- ☐ Identified Person to Call in Organization/Agency
- ☐ None
- ☐ Notification of Other Professionals, Agencies to Notify
- ☐ Other _____
- ☐ Place of Assessment Identified (ER, etc)

44. Did Consumer Participate in Developing the Crisis Plan?

- ☐ Did Not Participate
- ☐ There Was No Crisis Plan
- ☐ Yes

45. Number of Psychiatric Hospitalizations in the Past year:

- ☐ 1
- ☐ 2
- ☐ 3 or More
- ☐ None

46. Number of Consumer Detoxes or SA Hospitalizations in the Past year:

- ☐ 1
- ☐ 2
- ☐ 3 or More
- ☐ None

47. If the crisis resulted in the consumer being hospitalized what was the CSW /Residence Involvement in the admission?

- ☐ Participated in the ISP Discharge Planning Process
- ☐ Forwarded the Consumer's ISP to the Hospital
- ☐ None
- ☐ CSW was Notified Only After Discharge
- ☐ Other _____
- ☐ Phone Contact
- ☐ Discharge Treatment Planning
- ☐ Hospital Visit

VII. ATTITUDE AND ENGAGEMENT

48. Does the Consumer Keep Scheduled Appointments with CSW?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

49. If the Consumer is Not Keeping Scheduled Appointments Is That due to:

- ☐ Consumer having difficulty organizing his/her time and Schedules
- ☐ Lack of Engagement
- ☐ Lack of Transportation
- ☐ Other_____

50. Does the Consumer Participate in Treatment/Support Activities?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

51. Is the Consumer Able to Develop Trusting Relationships With Treatment Providers?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

52. Does the Consumer Actively Work Towards His/Her Individualized Recovery?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

53. Does the Consumer Accept Personal Responsibility for His/Her Recovery from Mental Illness?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ None of the Time
- ☐ Some of the Time

VIII. CURRENT TREATMENT

54. Consumer's ISP Goal Areas:

- ☐ 1. Housing
- ☐ 2. Financial
- ☐ 3. Education
- ☐ 4a. Social/Recreation/Peer: Family
- ☐ 4b. Social/Recreation/Peer: Cultural/Gender
- ☐ 4c. Social/Recreation/Peer: Recreational/Social
- ☐ 4d. Social/Recreation/Peer: Peer Support:
- ☐ 5. Transportation
- ☐ 6. Health Care:
 - ☐ a. Dental ☐ b. Eye Care ☐ c. Hearing Health ☐ d. Medical
- ☐ 7. Vocational
- ☐ 8. Legal
- ☐ 9. Living Skills
- ☐ 10. Substance Abuse
- ☐ 11. Mental Health:
 - ☐ a. Trauma ☐ b. Emotional/Psychological ☐ c. Psych/Medications ☐ d. Crisis
- ☐ 12. Spiritual
- ☐ 13. Outreach
- ☐ 14. Other _____

55. Does the Consumer Have any Unmet Needs?

- ☐ Yes ☐ No

If Yes, List Corresponding Goal Area(s): _____

56. How many CSWs Has the Consumer Had in the Past year?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or More

57. How Often Has CSW Been in Contact with the Consumer in the Past 90 days?

- ☐ More than Twice Weekly
- ☐ Twice Weekly
- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Every Three Weeks
- ☐ Monthly
- ☐ Bi-Monthly
- ☐ Every Three Months
- ☐ Less Than Every Three Months
- ☐ Other

58. Who Currently Prescribes the Consumers Psychotropic Medications?

- ☐ None
- ☐ Other _____
- ☐ Problems with Finding/Accessing a Psychiatrist/Prescriber
- ☐ Psychiatrist/Prescriber at Same Agency
- ☐ Psychiatrist/Prescriber at Other Agency
- ☐ Private Practitioner
- ☐ PCP

59. Does the CSW have contact with the Prescriber of Psychotropic medications?

- ☐ Consumer Refused Release of Information
- ☐ Difficult to Connect by Phone
- ☐ Face to Face Contact Available
- ☐ None
- ☐ Other _____
- ☐ Telephone Contact
- ☐ Treatment Team Meetings

60. Consumer's Medication Issues:

- ☐ Consumer Engages in Substance Abuse While Taking Medications
- ☐ Consumer Does Not Take Medications
- ☐ Consumer has Difficulties with Taking Medications as Prescribed
- ☐ Consumer has Problems with Side Effects
- ☐ Consumer has a Stable Medication Regimen
- ☐ Consumer Opposed/Reluctant to Take Medications
- ☐ Consumer is Working Cooperatively at Finding Optimal Medications
- ☐ Consumer Needs Education Regarding Medications
- ☐ Medication Costs Problematic
- ☐ Other _____
- ☐ CM Does Not Know
- ☐ Consumer takes medications more than prescribed
- ☐ Consumer takes medications less than prescribed
- ☐ Consumer seeks multiple prescribers

61. List medications and list dosages, if known:
